## BOARD LETTER – SUMMARY SHEET HEALTH AND MENTAL HEALTH SERVICES CLUSTER

AGENDA REVIEW	March 18, 2015
BOARD MEETING	March 31, 2015
SUPERVISORIAL DISTRICT	All
DEPARTMENT	Mental Health
SUBJECT	Approval of Amendment Number Three to Agreement Number 77676 with Netsmart Technologies, Inc. for an Integrated Behavioral Health Information System (IBHIS) for Fiscal Year 2014-15.
PROGRAM	IBHIS is the Department's new Electronic Health Record (EHR) System that will enable the Department to meet the federal and state mandates associated with health care reform and to meet County's Strategic Plan goal of achieving a seamless electronic exchange of selected health and human services data across organizational boundaries.
DEADLINES	None
COST & FUNDING	Amendment Number Three will increase the Contract Sum by \$4,400,000, which includes additional Pool Dollars in the amount of \$4,400,000 for Professional Services/Change Notices for a revised total Contract Sum of \$103,716,793. The total cost of the increase is fully funded by MHSA Capital Facilities and Sales Tax Realignment revenues.
PURPOSE OF REQUEST	Board approval of the recommended actions will allow DMH to increase Pool Dollars from \$9,656,378 to \$14,056,378 for County-requested Other Professional Services/Change Notices needed to support DMH in its continued implementation and roll-out efforts of the IBHIS for Directly Operated clinics, Legal Entity (LE) Contract Providers, and Fee-for-Service (FFS) Contract Providers.
SUMMARY/ ISSUES  (Briefly summarize program and potential issues or concerns. Identify changes, if any, to level of funding or staffing; how funding will be utilized and why best use; prior accomplishments; and for BLs involving contracts, also note changes to the contract term.)	Board approval of the recommended Amendment will allow DMH to continue the implementation and roll-out efforts of IBHIS and ensure a smooth transition of DMH's Contract Providers from the IS to IBHIS. Failure to approve this Amendment will mean that IBHIS implementation tasks and roll-out activities for Directly Operated clinics and Contractor Providers will be further and substantially delayed as resource constraints remain a serious issue. It will also not be possible to make necessary software changes essential to assuring successful claiming for Contract Providers within DMH resource constraints.
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